

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18433

State File No. _____

Registrar's No. _____

Registration District No. 217Primary Registration District No. 5787

1. PLACE OF DEATH:

(a) County MISSISSIPPI
 (b) City or town CHARLESTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: NONE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 18 YRS years, months or days

3. (a) PRINT FULL NAME MALLIE JOHNSON

3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

4. Sex F 5. Color or race col
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife LUTHER JOHNSON
 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased MARCH 4th 1913
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 2 9 hr. min.

9. Birthplace MARVEL ARK
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE11. Industry or business L

12. Name GUS BONDS
 13. Birthplace N.K. TENN.
 (City, town, or county) (State or foreign country)
 14. Maiden name ROXIE JOHNSON
 15. Birthplace N.K. ARK
 (City, town, or county) (State or foreign country)

16. (a) Informant LUTHER JOHNSON
 (b) Address ROUTE #2 CHARLESTON, MO.

17. (a) RURAL (b) Date thereof 5-16-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE18. (a) Signature of funeral director John H. Hume(b) Address 611/42 Charleston Mo

19. (a) 6/1/43 (b) Mason
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
 (c) City or town (RURAL)
 (If outside city or town limits, write "RURAL")
 (d) Street No. ROUTE #2 CHARLESTON, MO.
 (If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12
 year 1943 hour 2:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 1
1943 to May 12 1943
 that I last saw her alive on May 12 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 1 yr?

Due to _____

Due to _____

Other conditions 13 fl
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
 While at work (c) Means of injury _____

23. Signature Paul S. Baum (M.D. or other)
 Address Charleston Mo Date signed 5/18/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 643-791

Date Filed 6-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

John F. Nunnallee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.